

Environmental Health Goals and Objectives

GOAL: REDUCE EXPOSURE TO RISKS OF LEAD IN SOIL

Objective 1: Determine the Extent to Which Lead Contaminated Soil along Freeways and Old Transportation Corridors Has Contaminated Residential Property, Public Parks and Schools Within 500 Feet of Roadways Then Educate Public.

Implementation Activities

1. In May and June 2004, based on a sampling plan provided by Professor Jon Ericson of U.C. Irvine, volunteers and staff of the Healthy Homes Collaborative and CLPPP-CDC Environmental Health Specialists will collect soil samples in designated areas of Los Angeles County to test for lead contamination.
2. By June 2004, create a model using GIS to test the relationship between lead in soil along transportation corridors, industrial releases of lead into the air and the location of residences where children have been identified with elevated blood leads (EBL).
3. Between July and December 2004, continue to collect soil samples to add to model.
4. If study shows correlation between EBLs and transportation corridors, identify “transportation corridor hot zones” for elevated risk to children and identify mitigation measures for existing housing and public facilities (parks, etc) in these zones.
5. If evidence supports need for outreach, notify the press as soon as evidence is available and begin outreach through press release, public service announcements, brochures and other media.
6. If existence of transportation corridor soil lead risk zones is validated, notify all stakeholders.
7. If transportation corridor soil lead risk zones are identified, work with appropriate environmental agencies, environmental justice groups, the Department of Health Services, community leaders and local, state and federal legislators, and funding sources to develop a remediation strategy to begin mitigating risks in these areas.

8. Develop a Remediation Strategy for Freeways/Highways/Air Lanes
 - a. Establish soil lead Hot Zones defined as zones 500 wide on each side of and symmetrical to freeways, air lanes and old thoroughfares for soil lead testing.
 - b. Notify the federal and state Environmental Protection Agencies and the Air Quality Management District (AQMD).
 - c. Identify safe and effective remediation measures and estimate individual and community-wide remediation costs.
 - d. Identify public agencies that might have legal/financial responsibility for remediation.
 - e. Design a program and estimate staffing, materials and media costs for educational outreach on possible soil contamination and protection/remediation measures to residents of Hot Zones.
 - f. Conduct outreach in Hot Zone areas.
 - g. Evaluate effectiveness of recommending for new housing and schools HVAC or A/C systems with HEPA or ultrafiltration.
 - h. Evaluate effectiveness of using Prop. 65, notification by government with signs in high lead soils.
 - I. Evaluate cost and effectiveness of increasing street sweeping, wet sweeping in Hot Zones.
 - j. Establish no plow zones, to prevent reentrainment of dust with dry plowing, dust blowers, etc.

Objective 2: Make recommendations on the collection of data on environmental lead contamination to the Los Angeles County Department of Health Services and the California Environmental Health Tracking Program

Implementation Activities July 2004-June 2005

1. Participate in the California Environmental Health Tracking Program South Coast Health Tracking Pilot Program.
2. Recommend incorporation of soil lead data into the California Environmental Health Tracking Program.

3. Make recommendations to the California Environmental Health Tracking Program for incorporating historic and current data on environmental lead contamination.
4. Recommend the development of an environmental health tracking system incorporating GIS in the Los Angeles County Department of Health Services and the inclusion of soil lead data into this system.

Health Committee Goals and Objectives

GOAL: END CHILDHOOD LEAD POISONING IN LOS ANGELES COUNTY BY 2010

Objective 1: By June 2005, based on 2003 surveillance data, establish baseline measures including prevalence and screening rates and characterize the distribution of exposure sources.

Implementation Activities July 2004 to June 2005

1. The Los Angeles CLPPP Epidemiologist and staff will continue to work with the State CLPPP Surveillance Division to obtain baseline measurements by June 2005.
2. Once baseline is established, define elimination and set elimination goals.
3. Once mandated electronic reporting by laboratories of all blood lead tests is in place, obtain regular reports on incidence, prevalence, and screening rates.
4. Beginning in July 2005, with input from Environmental Health, Los Angeles CLPPP will make available on its website an annual "Fingertip Facts" providing information on demographics, incidence, prevalence and screening rates based on all levels of blood lead reported every year.

Objective 2: By June 2006, create a mechanism to increase blood lead screening by adding a place for blood lead tests on the yellow immunization record card that is given to families as a record of each child's immunizations.

Implementation Activities July 2004 to June 2005

1. By June 2005, form an advisory committee charged with ensuring that blood lead screening occurs for children at 12 and 24 months by including blood lead testing as part of the health and immunization records required for enrollment of incoming kindergarteners residing in Los Angeles County. This information would be authorized or signed by public health clinics, health care providers or private doctors before a student could begin attending classes.
2. The Committee, which will include the Healthy Homes Collaborative (HHC), First Five, other public and private organizations, local officials and state legislators will present a position letter on "Blood Lead Screening as a Requirement for Kindergarten Enrollment" to statewide public health organizations, California CLPPB, Immunization, CHDP and statewide public health system by March 2005.

3. Los Angeles CLPPP-CDC will work with the five largest Los Angeles County School Districts, Immunization, CHDP, WIC and HHC to present recommendations to the Los Angeles County Department of Health Services (LAC-DHS) to add blood lead level results to the yellow immunization card by early June 2005.
4. Los Angeles CLPPP will work with ALC-DHS Public Health Clinics to develop a protocol for ensuring that by June 2006 and thereafter, any child presenting for immunization, vaccination or verification who has not already been screened for blood lead levels at 12 and 24 months will be referred to a health care provider or private doctor for blood lead testing.

Objective 3: By June 2005, develop materials for anticipatory guidance counseling given to parents of children with blood lead levels lower than 10 µg/dL and incorporate into procedures for blood lead testing and counseling. The counseling should emphasize prevention through identification and control of lead hazards.

Implementation Activities July 2004 to June 2005

1. By June 2005, convene a group of stakeholders to work with Medi-Cal Managed Care providers and with other public and private health care organizations to develop between one and three progressive primary intervention anticipatory guidance lead education brochures aimed at improving the provider's education of parents of children with blood lead levels at or below 10 µg/dL and of prenatal patients.

This lead awareness education will emphasize prevention through early intervention activities and identification and control of lead hazards.
2. The committee will work with the City of Los Angeles Housing Code Inspection Program (SCEP) and the Los Angeles County Department of Health Services (LAS-DHS) Housing Inspection Program to determine whether information can include a phone number for referrals to the Healthy Homes Collaborative, SCEP (SCEP), DHS Code Complaints or other sources.
3. With input from the Branch (CLPPB), CLPPP-CDC, HHC and PSR will recommend adoption of a revised anticipatory guidance reference tool to the California Health and Disability Prevention Program (CHDP) and both LA. CARE and Health Net by June 2005.
4. By June 2006, the Committee will work with local and Statewide advocacy groups to incorporate the revised language into State and local CLPPP and CHDP, Medi-Cal Managed Care, Healthy Families and WIC handouts and brochures.

5. By June 2006, CHDP, CLPPP-CDC, HHC and Managed Care Plans will develop an evaluation tool for tracking provider compliance with primary preventive anticipatory guidance.

Objective 4: By June 2005, revise CLPPP's current provider and outreach training curriculum to include: CDC and State guidelines on accurately collecting and handling blood lead sampling, compliance with state and federal EPSDT guidelines on periodic and interperiodic (in response to exposures) blood lead tests and neuro-behavioral developmental screening and early intervention activities.

Implementation Activities July 2004 to June 2005

1. Case Management and CLPPP-CDC, members of the Healthy Homes Collaborative, Managed Care Plans, parents of EBL children and other stakeholders will work with CHDP and Physicians for Social Responsibility to develop a training program for providers that includes a module on counseling and, if indicated, one on blood draws (both capillary and venous).
2. CLPPP will provide articles on best practices in lead screening and counseling for Medi-Cal Managed Care bulletins.
3. The CLPPP Epidemiology staff will provide each quarter a list of false positive blood lead results of 15 μ g/dL and above obtained by capillary and venous sampling. The CLPPP Health Education staff will mail the list to known laboratories to make laboratories aware of their accuracy in collecting and handling blood lead sampling.

Objective 5: Improve interagency communication through regular meetings of CLPPP, CHDP, Medi-Cal Managed Care Plans, the Los Angeles Healthy Homes Collaborative and other stakeholders.

Implementation Activities July 2004 to June 2005

1. Create an asset map of community organizations working in maternal and child health and environmental health and conduct outreach.
2. By July 2004, designate representatives of each organization that will participate in the coordination meetings, establish a schedule of meetings.
3. By September 2004 hold first coordination meeting.
4. By June 2005 and thereafter, hold periodic coordination meetings.

Objective 6: By July 2005, CLPPP Environmental Health Inspectors will begin conducting environmental investigations in the homes of children with blood lead levels between 10 and 14 μ g/dL and issue correction orders

to property owners to remediate all identified lead hazards within 120 days.

Implementation Activities July 2004 to June 2005

1. Find a funding source and strategy (e.g. SB460 makes lead hazards a violation of health and housing codes) to conduct investigations.
2. Develop a protocol.
2. Assign staff and begin investigations by July 2005.
3. By September 2004, in order to prevent lead poisoning in high-risk buildings, CLPPP-CDC and CLPPP Environmental Health staff will meet with members of the Healthy Homes Collaborative to develop recommendations for expanding investigations in multi-family buildings where there is an EBL child to include a sampling of multiple units according to the HUD unit sampling protocols.

Objective 7: By June 2006, increase annually by 5% the number of children screened for blood lead in the highest risk population.

Implementation Actions July 2004 to June 2005

1. By December 2004, obtain data on the number of children in the target population and on the number of children screened each year and compare to determine screening rate.
2. Between July 2004 and June 2005, CLPPP Case Management will provide training on the techniques of the capillary blood draw for up to 50 Medi-Cal and CHDP providers (including 16 on-site sessions) to improve the rate of screening and reduce false positives and negatives.
3. Between July 2004 and June 2005, CHDP Health Educators will provide information on the mandate for blood lead screening to up to 200 CHDP-enrolled providers.
4. By June 2005, Physicians for Social Responsibility will provide training on lead poisoning prevention to community clinics, residency training programs, and medical schools.
5. The Healthy Homes Collaborative will work with Los Angeles CLPPP and CHDP to recommend changes in the State CHDP's PM160 form so that the lead test is listed as one of the required tests along with the hematocrit and other tests.
6. By June 2005, CLPPP-CDC will hold periodic meetings with members of the Healthy Homes Collaborative and other stakeholders to develop a targeted screening

program based on the “lead high risk zones” developed by the CLPPP Epidemiologist.

7. Beginning in July 2004, the Healthy Homes Collaborative will work with other local, and statewide advocacy groups, the California Department of Health Services, local and State CLPPP, CHDP, national advocacy organizations and elected officials to execute the following recommendations of the National Health Law Program:

a. National Level Recommendations:

- a-1 The Centers for Medicare and Medicaid Service (CMS) should maintain its universal lead testing standards. Rather than terminating the federal role in setting minimal protective standards for Medicaid and EPSDT blood lead screenings, CMS should more clearly mandate that states adhere to those standards. Furthermore, CMS should require states to provide accurate and specific data collection on lead screenings on the Medicaid reporting form (Form 416). While CMS changed the form in 1999 to require reporting of lead screens, the form does not ask states to report all blood lead levels and the number of children tested.
- a-2 Recommend to NCQA the inclusion of blood lead screening and reporting in the Health Plan Employer Data and Information Set (HEDIS).

b. State Level Recommendations

- b-1 The California Department of Health Services (DHS) should conduct meaningful monitoring and oversight of managed care plans. This includes enforcing federal and state mandates. Lead screening goals should be developed and plans should be rewarded for meeting those goals and penalized if they do not meet the goals or otherwise fail to adhere to federal and state requirements.
- b-1-1 DHS should provide more data on managed care performance in the area of blood lead screening, counseling and follow-up. DHS should ensure that its External Quality Report Organization (EQRO) report supplies data on managed care compliance with Medicaid blood lead testing requirements. Having accurate, precise performance data is critical to monitor a plan’s success, target areas for improvement, identify effective interventions, and hold the plan accountable.
- b-1-2 Managed care plan contracts with DHS should contain greater specificity about lead screening requirements and outline certain pre-determined screening levels that must be met. The periodicity schedule for lead testing, set forth in the state regulations, should be included in future contracts.

- b-1-3 DHS should publish its EQRO report on 2001, 2002 and 2003 data by September 2004.
- b-1-4 Health Plans and the Department of Health Services should report the Medi-Cal lead screening encounter data and lead screening rates as they are required to do to comply with the EPSDT reporting requirements.
- b-2. DHS should improve its current data system for collecting information on blood lead screening rates as well as elevated blood lead levels. New state law requiring universal reporting is likely to improve statewide data on lead screens. In addition to statewide information, there must be improved data gathering and reporting by local CHDP and CLPPP. Regulations should require reporting to the State and then making reports public that break out those numbers by age, county, managed care plan, and blood lead level.
- b-3. Medi-Cal participating managed care plans should furnish bulletins on an annual basis to providers about lead screening requirements as well as actions providers must take if lead blood levels are elevated. DHS should ensure that this information satisfies federal and state mandates. Bulletins should also include health education materials regarding the magnitude of lead poisoning and the association of race and socio-economic status with exposure to lead so that providers are fully aware of the problem.
- b-4. Medi-Cal managed care plans should increase the capitation rate for physicians who perform the lead blood draw in office and reward physicians who perform universal lead testing on their pediatric Medi-Cal patients.
- b-5. DHS should implement the recommendations made by CMS in 2000 to review all managed care plan policies and procedures and provider manuals for Medicaid requirements for blood lead testing and appropriate follow-up treatment; ensure that managed care plans are evaluating providers' compliance with Medicaid guidelines regarding testing and follow up for the presence of elevated blood lead levels; encourage managed care plans to include information about childhood lead poisoning in their health education and promotion materials; and work in conjunction with managed care plans and local public health departments to educate providers and the public about lead poisoning in young children.
- b-6 DHS should aggressively enforce state laws and regulations on lead screening protocols.

Housing Committee Goals and Objectives

GOAL: PREVENT LEAD POISONING BY STABILIZING PAINT IN 90% OF PRE-1979 RESIDENTIAL UNITS IN LOS ANGELES COUNTY BY 2010.

Objective 1: By 2010, all Building and Safety Departments in Los Angeles County's 88 cities and the County of Los Angeles Public Works Department will enforce the use of lead safe work practices in all permitted work in pre-1979 buildings.

Implementation Actions: July 2004-June 2005

1. Between July 2004 and June 2005, the section of the Los Angeles County Childhood Lead Poisoning Prevention Program funded by the Centers for Disease Control and Prevention (CLPPP-CDC) will continue to conduct outreach to Building and Safety Departments in cities throughout Los Angeles County to inform them about SB460 and obtain their agreement to the following
 - a. Stamp all permits for work in pre-1979 buildings with a notice about the requirement to use lead-safe work practices.
 - b. Distribute a brochure in eight languages with information on the legal requirements of SB460 and a description of lead-safe work practices
 - c. Move toward more comprehensive protocols.
2. Between July 2004 and June 2005 CLPPP-CDC will continue to train Building and Safety Inspectors in various cities on identifying visible lead hazards and recognizing unsafe work practices.
3. Between July 2004 and June 2005, the Healthy Homes Collaborative, CLPPP-CDC and Building Officials will develop model protocols with several alternative sets of procedures for the use of Building and Safety Departments in implementing SB460. Alternatives will include procedures whereby cities issue stop work orders for unsafe work practices themselves and alternative procedures whereby city building inspectors notify Los Angeles County CLPPP-CDC/District Housing Inspectors when they encounter unsafe work practices and a County inspector determines whether there has been a violation of lead safe work practices and issues the stop work and cleanup orders. (The City of Long Beach already has a program in place for enforcing lead safe work practices.)

Draft Proposed Protocol:

On issuance of a permit that involves work that may disturb paint in pre-1979 buildings:

- a. *Building department requires use of lead safe work practices;*
- b. *Follow-up on complaints of unsafe work practices (or refer to CLPPP to follow up)*

- 1) *If unsafe work practices are identified, (a) issue stop work order, order debris properly cleaned and allow work to continue only using lead safe practices; or (b) issue correction notice and notify DHS-EH that there is a violation of lead-safe work practices.*
 - 2) *Reinspect within 48 hours (or have DHS-EH reinspect within 48 hours)*
 - 3) *If there is compliance, (meaning using of lead safe work practices and no visible dust or debris), dismiss complaint.*
 - 4) *If there is no compliance, certified inspector (from DHS-EH, perhaps) documents existence of lead and lead hazard.*
 - a) *If lead hazard exists, violation of order, refer to prosecution.*
 - b) *If no lead hazard (or no lead), dismiss complaint.*
- c. *Inspection at completion of work*
- 1) *Look for visible dust or debris.*
 - a) *If present, order cleanup using lead safe work practices.*
 - 2) *Reinspect within 48 hours (or have EHS reinspect within 48 hours)*
 - 3) *If there is compliance, (meaning using of lead safe work practices and no visible dust or debris), dismiss complaint.*
 - 4) *If there is no compliance, certified inspector (from Environmental Health, perhaps) documents existence of lead and lead hazard.*
 - a) *If lead hazard exists, violation of order, refer to prosecution.*
 - b) *If no lead hazard (or no lead), dismiss complaint.*
4. By July 2004, the Healthy Homes Collaborative and various jurisdictions will begin to resolve questions about the legal authority of building inspectors to enforce lead safe work practices by working with the State Building Commission on a long-term strategy to get building departments to implement model lead safe work practices protocols.
- a. Recommend that the State Building Standards Commission initially issue performance standards on dealing with pre-1979 buildings.
 - b. Recommend that the State Building Standards Commission eventually issue amended building codes dealing with pre-1979 buildings (building codes are amended in three year cycles)

Objective 2: By 2010, all of the contractors doing work in pre-1979 housing for which a permit has been issued by a department of building and safety, will use lead-safe work practices in the conduct of that work as verified by building inspectors unless the building has been determined to be lead-free by a certified inspector/assessor.

Implementation Actions: July 2004-June 2005

1. By July 2004, the Healthy Homes Collaborative and CLPPP will revise booklet given to contractors to include information about the legal requirements of SB460 and correct the Spanish translation of the one-page sheet on lead-safe work practices. Information on worker protection will be included in the one-pager on lead safe work practices.
2. By June 2005, make the contractor booklet available in English plus seven other languages including the same languages used for California voter information plus Armenian.
3. Between June 2004 and July 2005, CLPPP-CDC will work with apprenticeship programs at unions, the community colleges and employment information centers to incorporate information on lead-safe work practices into apprenticeship training.
4. By June 2005, the Healthy Homes Collaborative and the Southern California Health and Housing Council will contact the Contractor's board to recommend incorporation of a question on lead-safe work practices and lead hazards into the Contractors licensing exam.
5. Between July 2004 and June 2005, the Healthy Homes Collaborative will provide outreach and training on lead-safe work practices for day laborers at day labor centers.
6. Between July 2004 and June 2005, CLPPP-CDC will Work with Home Depot and major paint retailers to provide the brochure on lead-safe work practices to contractors and home renovators at the paint mixing counter.

Objective 3: By June 2006, train and certify all Los Angeles County Environment Health District Housing Inspectors as lead inspector assessors, and integrate information about and enforcement of lead-safe work practices into Environmental Health's regular (proactive) housing inspections in all multifamily buildings and into responses to complaints in all housing under their jurisdiction.

Implementation Activities June 2004- July 2005

1. By June 2005 Los Angeles County Department of Health Services District Environmental Health Staff will all be trained and certified as lead inspector assessors.
2. Environmental Health will work with or consult with the Healthy Homes Collaborative to develop a protocol for the LAC District Housing Inspection Program that incorporates provision to property owners of an information brochure about lead safe work practices
3. By June 2005, the Environmental Health Division of the Los Angeles County Department of Health Services will evaluate the feasibility of County Housing

Inspectors conducting an XRF inspection for lead-based paint in the course of annual inspections in multi-family units.

4. Recommend that by June 2006, CLPPP-EH will establish a database registry for units in which a CLPPP-EH inspection performed by a lead certified Registered Environmental Health Specialist (REHS) has found the unit to be lead safe, and make the information available to the public (such as through the public health website).
5. Between July 2004 and June 2005, in order to facilitate the identification of lead-based paint and lead in household dust, the Health Homes Collaborative will work with State CLPPP and state legislators to enact proposed legislation and regulations for a one-day certification program for lead dust-wipe and paint chip sampling.
6. Recommend that by June 2006, the City of Los Angeles Housing Department will develop a registry for units in which lead-based paint has been fully abated.
7. In the City of Los Angeles, refer noncomplying property owners to the City Attorney for enforcement.
8. Recommend that the Los Angeles County District Attorney's office create enforcement protocols for noncompliant property owners within their jurisdiction.
9. Recommend that the L.A. County Board of Supervisors enact an ordinance to include zero-bedroom units in the lead-based paint disclosure to buyers and renters required by federal law. (Title 10 exempts these units from its disclosure requirements)

Objective 4: By June 2005, reduce the time required to eliminate lead hazards in the homes of lead poisoned children investigated by Los Angeles County CLPPP, and prevent recurrence by developing a system for tracking hazard remediation in the homes of lead poisoned children where owners have been issued correction orders for lead hazard control.

1. By January 2005 CLPPP Environmental Health staff will develop a system to track hazard remediation in the homes of lead poisoned children and will begin monitoring property owner compliance with correction orders to ensure remediation within six months of the issue of correction orders for identified lead hazards.
2. Recommend making available to the public information on units in which a lead certified REHS has found the unit to be lead safe (such as through the public health web site).

Objective 5: By June 2005, incorporate into licensing standards governing the licensing of child care centers and family day care homes in pre-1979

buildings, a requirement to test for lead-based paint and identify and remediate any lead hazards.

Implementation Activities June 2004-July 2005

1. Recommend that the Healthy Homes Collaborative on identify the licensing procedures governing child care and family day care facilities.
2. Recommend that the Healthy Homes Collaborative approach the Child Care Law Center to collaborate on drafting the recommended changes in the regulations.
3. Identify and work with local and statewide public and private organizations, community leaders and public officials interested in child health and welfare. These include the First Five Commission, Child Care Resource Centers, Los Angeles County Maternal and Child Health, CLPPP and other groups to be identified.

Objective 6: Integrate enforcement of lead-safe work practices into the City of Los Angeles Systematic Housing Code Inspection Program

Implementation Activities June 2004- July 2005:

1. By June 2006, the City of Los Angeles Systematic Housing Code Inspection Program will evaluate its pilot program to enforce lead-safe work practices in four City Council Districts, identify program revisions and additional funding as needed and expand the program Citywide.

Objective 7: By June 2005, develop a plan to inspect all existing family day care centers and child care centers located in pre-1979 buildings for lead-based paint and lead hazards, identify resources for remediation of lead hazards and create a program of lead hazard remediation finance for family day care and child care centers.

Implementation Activities June 2004-July 2005:

1. Between July 2004 and June 2005, the Healthy Homes Collaborative and CLPPP-CDC will identify a major agency to take the lead in program development.
2. Between July 2004 and June 2005 the Healthy Homes Collaborative and CLPPP-CDC will identify an agency able to find funding and conduct a study to estimate the scope of the problem. Using addresses from licensing records, use the assessor's records to find all pre-1979 buildings.
3. Between July 2004 and June 2005, the Healthy Homes Collaborative will work with Licensing, SCEP, Child Care Resources, DHS Housing Inspection Program (Environmental Health) to develop a plan for inspection. Identify and work with funding sources such as First Five, the LAHD Lead Grant Program and others to

create a grant program for family day care and one for child care centers. Link requirements for lead remediation to funding programs.

4. Once inspection and grant programs are in place, conduct outreach (licensing) to inform all licensed operators about the need for inspection and remediation.
5. Recommend that the state enact a disclosure law requiring child care and family day care providers to disclose the presence of lead to parents of children in their care.

Other Sources Committee Goals and Objectives

GOAL: PROTECT THE PUBLIC FROM TABLEWARE AND CERAMICS THAT CONTAIN LEAD GLAZES AND PAINTS.

Objective 1: Decrease retail availability and imports of tableware and ceramics contaminated with lead through funding and staffing of California Department of Health Services Food and Drug Branch to enforce the California Tableware Safety Law

Implementation Activities July 2004-June 2005

1. Between July 2004 and June 2005, CLPPP-CDC in conjunction with the Other Sources Committee will periodically purchase and test tableware and ceramics from local markets, housewares vendors, department stores and other venues to build up a body of evidence to convince legislators of the need to fund and staff enforcement of the California Tableware Safety Law.
2. Between July 2004 and June 2005, CLPPP staff will inform vendors when tableware and ceramics purchased in their stores and tested for lead is found to exceed the standards of either the California Tableware Safety Act or Proposition 65 and provide appropriate education.
3. By July 2004, ensure that CLPPP Environmental Health protocols for testing tableware and ceramics specify a leach test with an acetic acid solution according to testing standards set forth in the California Tableware Safety Act and described in state and federal laboratory testing manuals and ensure that the laboratory used by CLPPP always performs this test on tableware and ceramics.
4. Between July 2004 and June 2005, CLPPP-CDC and CLPPP Health Education, in conjunction with the Other Sources Committee will provide education on the provisions of the California Tableware Safety Law to local businesses and to manufacturers through articles in business and industry journals that cite the evidence collected through the monitoring visits and explain provisions of the law.
5. Between July 2004 and June 2005, work with projects in Mexico that help traditional potters change to lead-free glazes to make information on lead-free Mexican pottery available to Los Angeles County wholesale and retail vendors.
6. By June 2005, Dr. Maritza Jaurequi and the committee will submit an article on committee findings to a peer reviewed journal for publication.
7. Between July 2004 and June 2005, use the State's existing enforcement process to understand how enforcement works and to identify areas of the law that may need revision.

8. Seek County Counsel opinion on whether Los Angeles County Department of Health Services can enforce the California Tableware Safety Act and ask Environmental Health administration to evaluate the feasibility of doing so.
9. By June 2005, the Health Homes Collaborative in conjunction with the Other Sources Committee will educate the California Department of Health Services, the Governor and the State Legislature on the need to fund and staff the Food and Drug Branch so that they can enforce the California Tableware Safety Act.
10. By January 2005, the Environmental Law Foundation will propose revisions of the California Tableware Safety Law and other laws that regulate lead contamination as needed, and the Healthy Homes Collaborative will identify a legislator willing to sponsor the proposed revisions. The Healthy Homes Collaborative will work with community and business leaders to build support for revision.
11. By June 2005, conduct a public awareness campaign on Safe Tableware and Ceramics timed to coincide with efforts to obtain funding for enforcement.
12. Investigate the development of “consumer wear and tear testing” for tableware with lead content above .226 ppm or with lead on parts of the tableware not usually regulated such as the outside of glasses mugs and bowls and assess the feasibility of incorporating such tests into state and federal regulations.
13. Consider recommending that a standard of “no lead content” be adopted for all ceramic and glass tableware and hollowware manufactured in or imported into the United States. (except antiquities.)

Objective 2: Support legal action against retailers and/or manufacturers to demonstrate need for compliance with the Tableware Safety Law and clarify the scope of legally required warnings under Prop. 65.

Implementation Activities July 2004-June 2005

1. Between July 2004 and July 2006, the Environmental Law Foundation will evaluate the feasibility of conducting Proposition 65 lawsuits and lawsuits based on the Business and Professions Code in order to end the sale of tableware and ceramics that contain lead and to end the use of lead in ceramics and tableware.
2. Between July 2004 and June 2005 determine the correct form of the Proposition 65 warning and conduct outreach to tableware and ceramic vendors to educate them about how to post the Prop. 65 notices.

**GOAL 2: PROTECT THE PUBLIC FROM IMPORTED CANDY
CONTAMINATED BY LEAD OR WRAPPED IN PAPER THAT IS
CONTAMINATED BY LEAD**

Objective 1: Support AB 2297, the proposed legislation to control import, sale and distribution of lead-contaminated candy and, as appropriate, participate in ongoing enforcement once the law has been enacted.

Implementation Activities July 2004-June 2005

1. The Other Sources Committee will work with the Environmental Health Coalition in San Diego, the Healthy Homes Coalition and community leaders to support passage of proposed legislation.
2. CLPPP will train staff and participate in ongoing enforcement of AB2297, the lead in candy act, once it has been enacted.

**GOAL 3: PROTECT THE PUBIC FROM LEAD CONTAMINATION IN
FOODS, MEDICINES AND OTHER SUBSTANCES**

Implementation Activities July 2004-June 2005

1. Between July 2004 and June 2005, CLPPP-CDC will work with the Healthy Homes Coalition and other community-based organizations to support legislation, regulations and programs that protect the public from lead contamination in foods, cosmetics, medicines and other substances.
2. *Between July 2004 and June 2005, monitor and test products that may contain lead, conduct enforcement as indicated and consider lawsuits or other actions.*
3. Between July 2004 and June 2005 CLPPP will continue to provide health education materials to the public about the dangers of products that have been found to contain lead.
4. Between July 2004 and June 2005, evaluate the cost and feasibility of conducting broad media campaigns to inform the public about a variety of lead hazards, identify funding sources and if feasible, plan a campaign and apply for funding.

GLOSSARY

A/C systems

Air Condition Systems

Anticipatory Guidance

Proactive counseling of parents by health providers

CDC

Centers for Disease Control and Prevention

CLPPP

Childhood Lead Poisoning Prevention Program

CLPPB

Childhood Lead Poisoning Prevention Branch (California Department of Health Services)

CHDP

Childhood Health and Disability Prevention Program. This program is California's version of the federal EPSDT (see below). CHDP provides well child exams for uninsured children through age 18. All Medi-Cal Managed Care providers must provide an initial exam that meets CHDP standards to all enrolled children.

EPSDT

Early and Periodic Screening, Diagnosis and Treatment. States participating in Medicaid are required to provide a comprehensive package of preventive, diagnostic, treatment and supporting services for eligible children. In California, this program is called CHDP (see above.)

GIS

Geographic Information System. A system of databases, mapping and spatial analysis tools that for spacial analysis of economic, physical, environmental, demographic and other information.

HVAC

Heating, Ventilating, and Air-Conditioning systems

HEPA or ultrafiltration.

High Efficiency Particulate Air Filters

PSR

Physicians for Social Responsibility

Reentrainment

- a) *Situations which reoccur to allow portions of exhausted air or airborne contaminants to reenter or re-entrain in a building, zone or room.*
- b) *Airborne or surface borne contaminants which are allowed to re-enter a cleaned or uncontaminated building space.*

WIC

Women, Infants and Children. The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves to safeguard the health of low-income women, infants, & children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.